

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 03/17/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: METHODS AND APPARATUS FOR LETTUCE  
HARVESTING FACILITATION  
Attorney Docket Number:: 18189K-013110US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name::  
Family Name:: Brown  
City of Residence:: Salinas  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1020 Merrill Street  
City of Mailing Address:: Salinas  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93901

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Tim  
Middle Name::  
Family Name:: Wexler  
City of Residence:: Salinas  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1020 Merrill Street  
City of Mailing Address:: Salinas  
State or Province of mailing address:: CA  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 93901

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	35,933	Kevin T. LeMond
Associate	35,933	Kevin T. LeMond

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/281,295	10/25/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::